		in the same			erar.		2 ° C	T GOOD		170 m	y-ily and a second				
	PATEN	T AFPLICATI	ON FEE			TION REC	07	D	Applic 09/	ation of $88/$	728	Number			
CLAIMS AS FILED - PART I SMALL (Column 1) (Column 2) TYPE											ENTITY OTHER THAN OR SMALL ENTITY				
ד	OTAL CLAIM	IS .			·		]	RATE FE			RATI		-		
FOR			NUMBE	RFILED	NUMBER EXTRA			BASIC I	FEE 385	00 C	BASIC F		7		
T	OTAL CHARG	EABLE CLAIMS	17 n	ninus 20=				X\$ 9	=		1/2		$\exists$		
IN	DEPENDENT	CLAIMS	4	ninus 3 =	- /			X43=			``}		_		
М	ULTIPLE DEP	ENDENT CLAIM I									R +290=	100	1		
* 1	f the difference	ce in column 1 is	less than:	less than zero, enter "0" in				+145= TOTAL			``		4		
CLAIMS AS AMENDED - PART II											OTHE	R THAN	-		
	1	(Column 1) CLAIMS	7	(Colum			1	SMAL	ADDI-		SMAL	LENTITY	4		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		BATE	TIONA	<b>VL</b>  - :=	RATE	ADDI- TIONAL FEE			
NON NON	Total	. 19	Minus	- 2	0	=	-	X\$ 9=		OF	X\$18=	. 1	1		
E WE	Independent	. 5	Minus		4	.= /	- :-	X43=			Voc	88	-		
<u>ج</u> ،	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT*	CLAIM	. ma. s . Et lanci	1. 22004	<u> </u>	21C=2C2/F	OE	le <u>ex</u> traction area	0.0	acanes:		
	- Ar 1994 4.4 Pr. 19		n zadomyń ,	***** Tu9 ::		- UP	B	+145=		- OF			1		
		(Column 1)		(Colum	n 2)	(Column 3)		TOTAI VODIT. FEE	-	OR	ADOIT. FEI	86			
MEN! B	ALCON CO. I AREA MARKET BANKAGE AREA	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER ISLY DR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE			
Ž	-Total	• 3019	Minus		0			X\$ 9=		OR	X\$18=				
AMENDMEN	Independent FIRST PRESE	NTATION OF MU	Minus LTIPLE DEF	ENDENT C		-		X43=.		OR	X86=				
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•							AI	TOTAL DOIT. FEE		OR	TOTAL ADOIT, FEE				
_	1	(Column 1) (Column 2) (Column 3)							•	•					
,		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL _FEE_		RATE	ADDI- TIONAL FEE	•		
	Total		Vinus	· 21	,			X\$ 9=			X\$18=				
:12	Independent_		Vinus			<b>E</b>	-			OR		-			
1	FIRST-PRESE	-	X43= 145=		OR	X86=									
. 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, and 200.									OR	+290= TOTAL				
711	ure inkanestikun	nber Previously Paid ber Previously Paid	FACINITIES	COLOC L. I.				TOTAL DIT. FEE	ropriate bo	OR ,	DOIT, FEEL				
722	770-875 (Rev 10)											501215005	*******		